

CHAPTER 8

SERVICE REQUIREMENTS/LIMITATIONS/EXCLUSIONS

1. Only those EIBI services described in this document will be reimbursable using PDD funds.
2. Medicaid reimbursement is made only for direct services. The costs associated with travel/travel time are not allowed.
3. All EIBI interventions funded through the PDD Program must be directly related to the child's therapeutic goals that are based on the child's diagnosis of PDD to include autism and Asperger's Syndrome. The EIBI provider must have sufficient documentation to clearly define progress made / lack of progress and the reasons why, for each waiver participant. Documentation must be conclusive and detailed. The absence of such documentation could result in recoupment. The Medicaid Agency is the final authority for such determinations.
4. EIBI services or Case Management services rendered during a time when a waiver participant's Level of Care Determination has expired or is otherwise invalid are not reimbursable by the Medicaid Agency.
5. EIBI services or Case Management services rendered prior to the development of an approved PDD waiver plan of service, provided when a plan of service has expired or provided when the EIBI service is not listed as a need on the waiver plan of service, are not reimbursable by the Medicaid Agency.
6. This waiver will permit behaviorally-based therapy models consistent with best practices that are research based and peer reviewed.
7. The EIBI service is limited to children who have been diagnosed with a pervasive developmental disorder as defined in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association and who meet the ICF-MR level of care criteria. In order to accept a qualified diagnosis from a licensed or certified diagnostician there must be conclusive written documentation in the individual's file which provides a detailed report of the assessments and evaluations leading to the diagnosis, the diagnostic tools used to reach the diagnosis, and any other narrative, tests, and medical reports used by the diagnostician to render his/her diagnosis of the child.
8. Services are limited to three years, either contiguous or intermittent, and are available to children ages three through ten with a confirmed diagnosis by the child's eight birthday. Children must be at least three years of age before application is made for PDD services and services must be completed before the child reaches his or her 11th birthday.

9. Waiver applicants will be admitted to the waiver after they meet all criteria for enrollment contingent upon available funding and waiver slots. If there are not sufficient slots for all applicants, applicants will be admitted based upon the date of their application.
10. The annual cost of benefits per child shall not exceed \$50,000 or available funds, whichever is less.
11. The level of service (i.e. the number of hours per week) each child receives is based on a DDSN review of relevant assessments, documentation and instructional environments. The agency will make the final determination on the number of service hours each child receives. However, if a child's condition changes (e.g. no progress being made, new aberrant behavior is noted) and can be supported by documentation, the Service Coordinator can submit a request for an increase in service hours, not to exceed the maximum service limits specified in the PDD Waiver.
12. Children will receive no more than eight hours of line therapy per day.
13. Therapy hours that are missed during a week shall not "roll over" or be carried forward as a balance to be used the following week or at any time in the future.
14. Services may be delivered in the child's relevant natural environments which may include but are not limited to the child's home or community locations directly related to the child's therapeutic goals. Delivery of these services may be deemed appropriate by the child's team based on the child's strengths and challenges. However, at no time will services be rendered where or when educational services are being provided. The Consultant may visit with the child's teacher to ensure continuity between the child's plan at school and at home. However, the Consultant may not observe or interact with the child during school hours. Such visits are contingent upon the approval of local school authorities.
15. The Pervasive Developmental Disorder Program was funded and approved based on the concept of intensive in-home intervention and all approved providers must offer home based EIBI services. However, children can receive EIBI services in a center based setting under the following conditions:
 - Parent/Responsible Party who Desires Center Based EIBI Services
 - a. Any parent/responsible party who desires center based services must write a statement of such to the EIBI provider indicating that the parent/responsible party has freely selected center based EIBI services for their child.
 - EIBI Providers
 - a. Any EIBI provider who plans to offer center based services must submit to DDSN, a letter of exception requesting the provider be allowed to operate an EIBI center. A separate letter will be required for each center. This request must be renewed annually.

- b. The provider must submit a letter attesting that they are not providing EIBI services in a location that is simultaneously providing educational services. This documentation must be submitted annually for all centers utilized by the provider.
 - a. The provider must submit documentation confirming appropriate liability insurance for all centers. This documentation must be submitted annually for each center.
 - b. In all settings, each child must have their own Line Therapist (i.e. the ratio must be 1:1). In addition, Coordinators and Lead Therapists may not work simultaneously with more than one child.
 - c. If a child receives EIBI services in multiple locations (e.g. center based and home based) the data must clearly indicate the service location.
 - f. If a child is to receive more than 50% of their services from an EIBI center, the EIBI provider must submit a letter to DDSN requesting that more than 50% of the child's EIBI services be center based and that the child's parent/responsible party has freely selected this option.
- 16. The therapeutic goals must be implemented on a face-to-face basis with the child. Parents or guardians are required to be present at team meetings and workshop sessions and must be trained in all therapeutic procedures and be active contributors to their child's program to carry over and reinforce targeted behaviors and skill learning. The parents or guardians must meet with the Line Therapy supervisor weekly. Some providers may require that a parent or responsible party be on site during therapy sessions.
- 17. Once children have had three years of intensive services, or at such time that they are not making progress towards identified goals, recommendations will be made to other home and community based services. There may be circumstances that prevent immediate receipt of these services (e.g. waiting lists or unavailability of funds).
- 18. The use of PDD waiver services is exclusive of the other home and community-based waiver services. Children can participate in only one South Carolina home and community based Medicaid waiver program at a time. Each waiver program managed by DDSN maintains a separate list and waiver slots are awarded based on the child's position on that service list.
- 19. In an effort to maximize utilization of dollars and serve more children:
 - Children in the PDD State Funded Program cannot receive other DDSN services (i.e. respite, summer service funds) or waivers.
 - Children who meet Medicaid criteria will be expected to participate in the waiver if all other required criteria are met. No children who meet the Medicaid criteria can

participate in the PDD State Funded Program, unless funding is available AND no waiver slots are available.

- All participants in the PDD State Funded Program must be ruled ineligible for Medicaid or not meet ICF/MR Level of Care prior to receiving services through the PDD State Funded Program.
20. Parents/legal guardians reserve the right to choose their child's EIBI provider. However, a change in service providers does not mean that additional assessments will be authorized.
21. While family members/relatives can be hired as Line Therapists, state Medicaid Policy does not allow the following family members/relatives to be paid for providing care or services to Medicaid recipients under any circumstances:
- A parent of a minor Medicaid recipient
 - A step parent of a Medicaid recipient
 - A foster parent of a Medicaid recipient
 - Any other legally responsible guardian of a Medicaid recipient
22. Should an EIBI provider be located outside of a 25 mile radius from the South Carolina border, it is expected that they will comply with all procedures pertaining to the PDD Waiver/State Funded Program and, provide the same level of service as an in-state provider.
23. The use of restraints by EIBI providers is explicitly prohibited.